



Health
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Data Quality: UBO & The Revenue Cycle

TMA Uniform Business Office
Program Manager
January 2012



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Outline

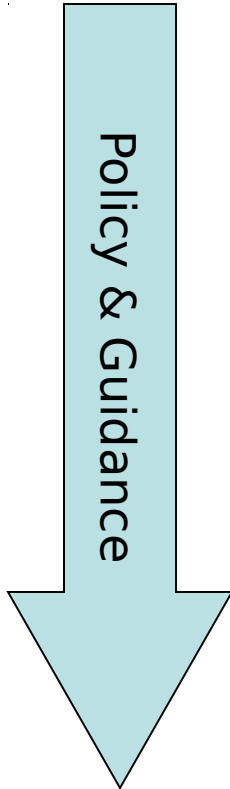
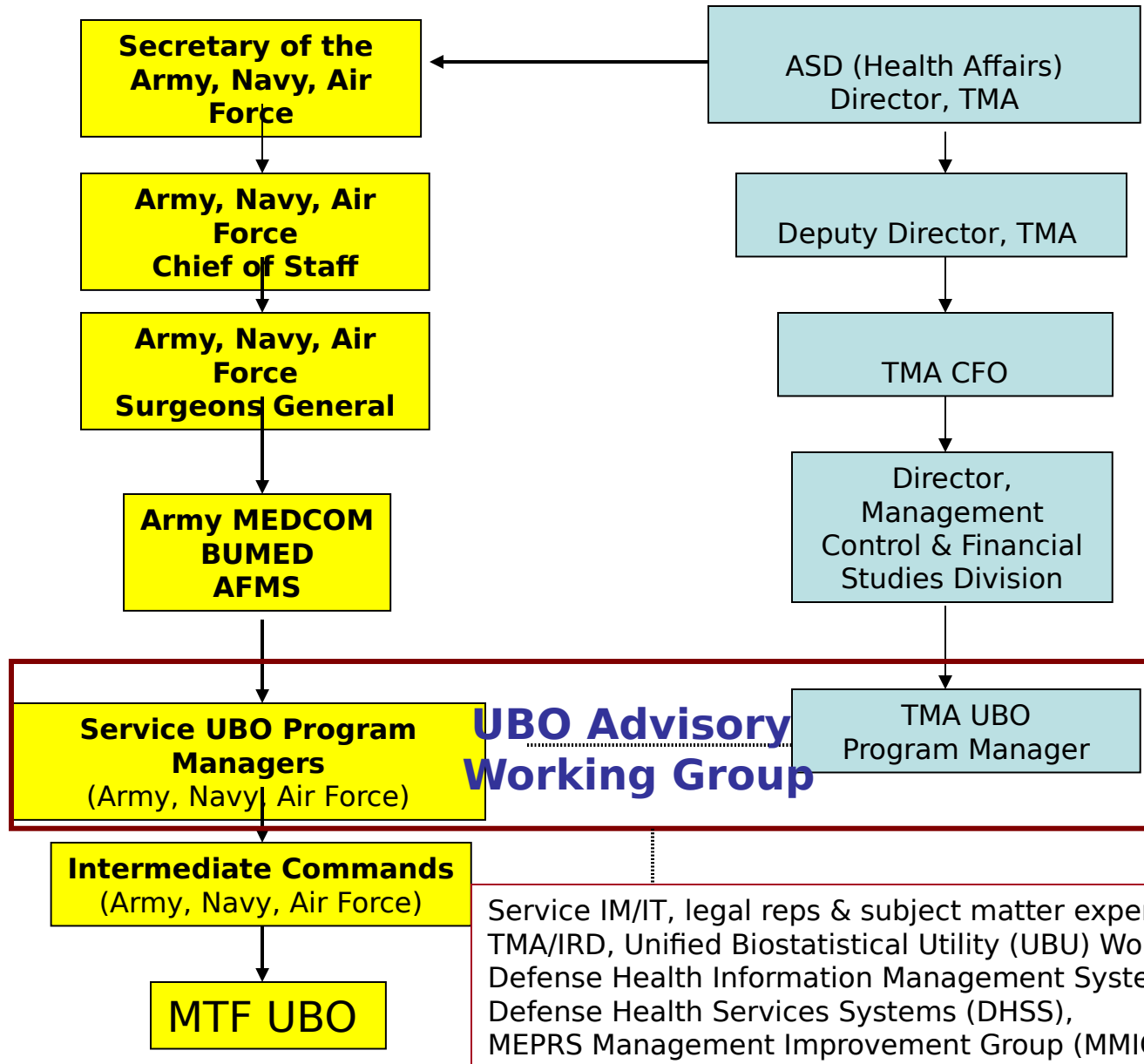
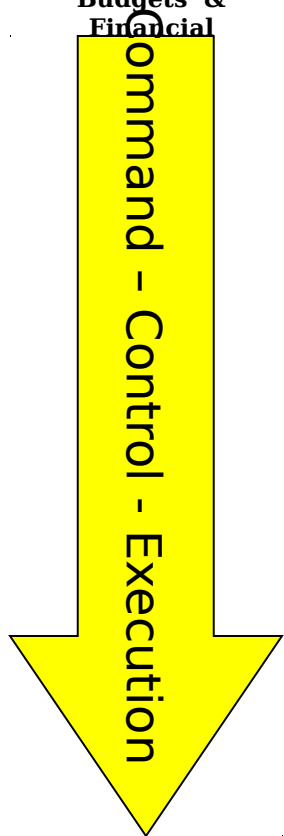


- Uniform Business Office (UBO) Organization
- UBO Cost Recovery Programs
- MHS Billing Systems
- MTF Revenue Cycle
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Resources



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UBO Organization Chart





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UBO Cost Recovery Programs



Third Party Collections Program (TPCP)



Medical
Services
Account (MSA)

Medical
Affirmative
Claims (MAC)



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Who Gets Billed Under Which Cost Recovery Program?



- Third Party Collections Program
 - Bill insurers for care provided to eligible DoD beneficiaries (excludes Active Duty) with other health insurance (excluding Medicare & TRICARE)
- Medical Services Account
 - Includes billing for care provided to eligible patients from Veterans Affairs/Coast Guard /NOAA/ PHS/Civilian Emergencies/Foreign Military & their Family Members
- Medical Affirmative Claims
 - Bill for care provided to eligible DoD beneficiaries injured by third parties



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FY 2011 Collections by UBO Cost Recovery Program



- Third Party Collections Program (TPCP)
 - \$190.5M (FY 2011)
- Medical Services Account (MSA)
 - \$281.2M (FY 2011)
- Medical Affirmative Claims (MAC)
 - \$15.1M (FY 2011)
- ALL funds collected are retained by your MTF
 - TPC funds are in addition to the MTFs O&M budget



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Direct Care Third Party Collections Program (TPCP) Inpatient and Outpatient Amounts Billed and Collected

Cumulative Collections (\$Millions) through 4th Qtr
2011



Service	FY07		FY08		FY09		FY10		FY11	
	Billed	Collected	Billed	Collected	Billed	Collected	Billed	Collected	Billed	Collected
Outpatient										
Army	\$ 85.20	\$ 39.00	\$105.30	\$ 54.80	\$ 118.20	\$ 66.80	\$ 94.90	\$ 63.30	\$ 101.40	\$ 56.40
Navy	\$ 45.10	\$ 21.60	\$ 53.60	\$ 30.60	\$ 57.50	\$ 34.80	\$ 46.60	\$ 31.40	\$ 43.50	\$ 25.30
Air Force	\$ 177.90	\$ 59.00	\$207.10	\$ 81.00	\$ 218.60	\$ 92.60	\$ 159.90	\$ 79.70	\$ 145.00	\$ 70.90
Total	\$ 308.20	\$ 119.60	\$366.00	\$ 166.40	\$ 394.30	\$ 194.20	\$ 301.40	\$174.40	\$ 289.90	\$ 152.60
Inpatient										
Army	\$ 54.40	\$ 21.40	\$ 58.30	\$ 24.30	\$ 57.50	\$ 28.90	\$ 54.40	\$ 26.60	\$ 55.80	\$ 22.70
Navy	\$ 20.80	\$ 7.10	\$ 23.20	\$ 8.50	\$ 18.80	\$ 7.60	\$ 18.50	\$ 8.90	\$ 17.90	\$ 7.30
Air Force	\$ 26.20	\$ 11.70	\$ 27.00	\$ 11.10	\$ 25.40	\$ 10.00	\$ 26.60	\$ 10.10	\$ 17.30	\$ 7.90
Total	\$ 101.40	\$ 40.20	\$108.50	\$ 43.90	\$ 101.70	\$ 46.50	\$ 99.50	\$ 45.60	\$ 91.00	\$ 37.90

*NOTE: Collected includes dollars for healthcare services provided in previous FYs and may exceed

current FY billings.

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System
A/O 5 November 2011



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Top Three MTFs by Service for Inpatient TPCP Collections

Cumulative Collections through 4th Qtr FY2011

Service	Facility	FY2011 Inpatient Collections
Army	Ft. Lewis (Madigan Army Medical Center)	\$4,499,031.19
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$4,127,709.96
Army	Walter Reed Army Medical Center	\$3,896,702.97
Navy	Walter Reed National Military Medical Center	\$2,613,662.90
Navy	NMC Portsmouth (VA)	\$1,527,664.95
Navy	NMC San Diego	\$1,460,424.32
Air Force	Lackland AFB (59th Medical Wing)	\$2,357,969.20
Air Force	Wright Patterson AFB (88th Medical Group)	\$1,668,901.97
Air Force	Elmendorf AFB (3rd Medical group)	\$892,016.67

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System
A/O 5 November 2011



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Top Three MTFs by Service for Outpatient TPCP Collections

Cumulative Collections through 4th Qtr FY2011



Service	Facility	FY2011 Outpatient Collections
Army	Walter Reed Army Medical Center	\$5,114,286.72
Army	Ft. Belvoir (FT. Belvoir Community Hospital)	\$4,936,184.01
Army	Ft. Bragg (Womack Army Medical Center)	\$4,466,076.42
Navy	Walter Reed National Military Medical Center	\$4,100,061.64
Navy	NH Jacksonville	\$3,709,337.40
Navy	NMC Portsmouth (VA)	\$3,603,987.15
Air Force	Wright Patterson AFB (88th Medical Group)	\$7,727,526.65
Air Force	Lackland AFB (59th Medical Wing)	\$6,048,825.21
Air Force	Elmendorf AFB (3rd Medical group)	\$5,440,482.94

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System
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Top Ten MTFs for Total TPCP Collections

Cumulative Collections through 4th Qtr
FY2011



Service	Facility	FY2011 Outpatient Collections	FY2011 Inpatient Collections	FY2011 Total Collections
Air Force	Wright Patterson AFB (88th Medical Group)	\$7,727,527	\$1,668,902	\$9,396,429
Army	Walter Reed Army Medical Center	\$5,114,287	\$3,896,703	\$9,010,990
Air Force	Lackland AFB (59th Medical Wing)	\$6,048,825	\$2,357,969	\$8,406,794
Army	Ft. Lewis (Madigan Army Medical Center)	\$3,281,203	\$4,499,031	\$7,780,234
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$3,549,885	\$4,127,710	\$7,677,595
Navy	Walter Reed National Military Medical Center	\$4,100,062	\$2,613,663	\$6,713,725
Air Force	Elmendorf AFB (3rd Medical group)	\$5,440,483	\$892,017	\$6,332,500
Army	Ft. Shafter (Tripler Army Medical Center)	\$2,532,241	\$3,405,693	\$5,937,934
Army	Ft. Bragg (Womack Army Medical Center)	\$4,466,076	\$1,401,639	\$5,867,716
Army	Ft. Belvoir (FT. Belvoir Community Hospital)	\$4,936,184	\$243,496	\$5,179,680

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System

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MHS Billing Systems



- Third Party Outpatient Collection System
 - Government developed system for billing outpatient TPCP (includes outpatient visits, lab/rad/pharmacy prescriptions)
- CHCS Medical Services Account (MSA) Module
 - Government developed module used for billing TPCP inpatient claims (both institutional & professional charges) & MSA
- Relationship to other systems
 - Provider Specialty Codes and other Provider Data
 - Collection of other health insurance (OHI) information in CHCS
 - Centralized OHI Repository on DEERS
 - Coding Compliance Editor (CCE)

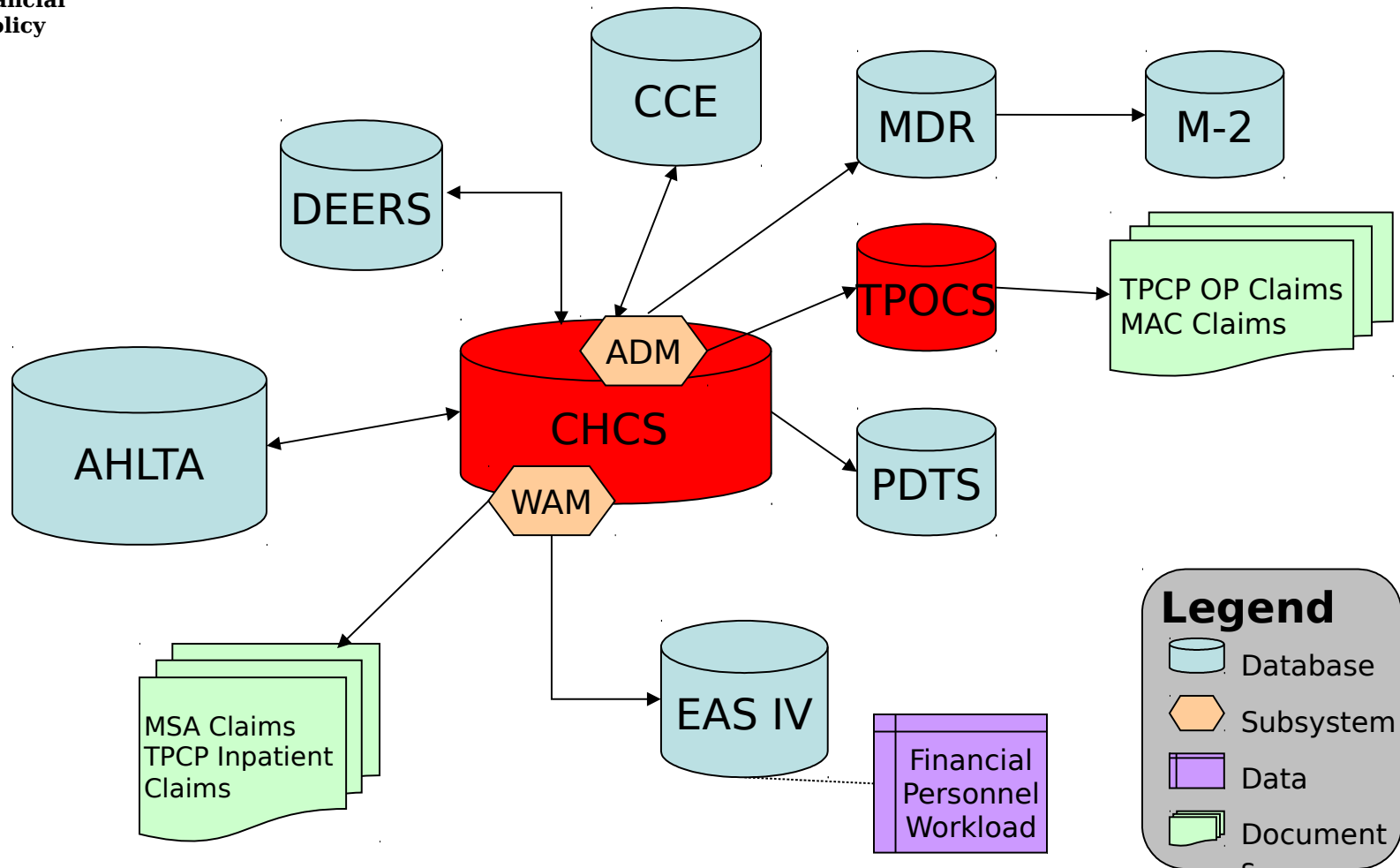


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Billing/Collections

Existing MHS Systems





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Data Quality Characteristics

- Accurate
- Complete
- Concise
- Cost-effective
- Relevant / Timely / Up-To-Date
- Presentation
- Consistent



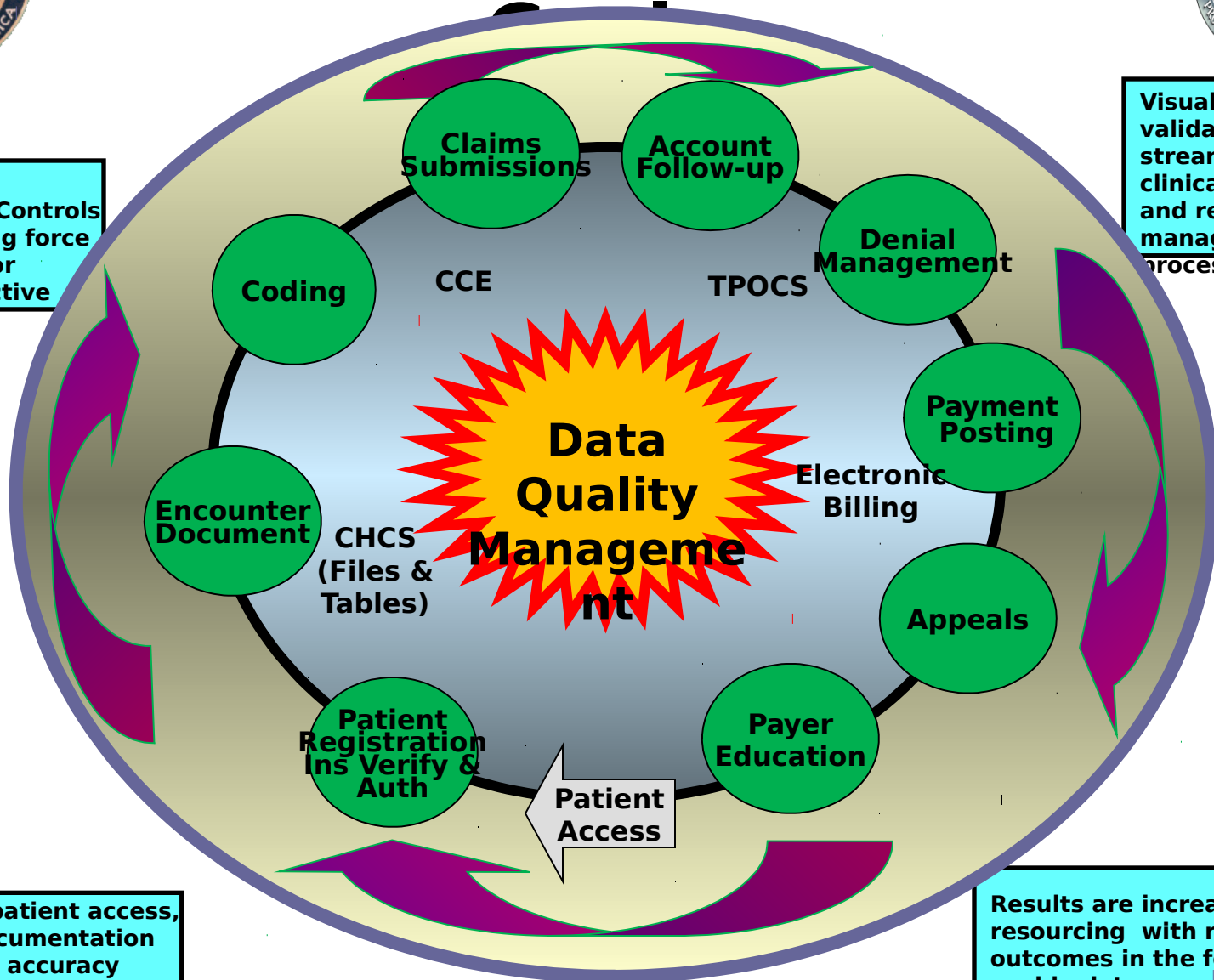
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Data Quality
Management Controls
are the driving force
and conduit for
ensuring effective
and efficient
operations

MTF Revenue

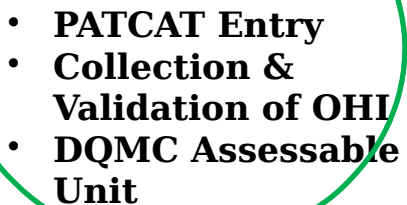


Visual review for
validating and
streamlining major
clinical business
and resource
management
processes



Improved patient access,
records documentation
and coding accuracy

Results are increased
resourcing with reliable
outcomes in the form of
usable data





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Importance of Accurate PATCAT Entry

- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
 - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
 - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?



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Training for Selecting the Correct PATCAT

- PATCAT course now available via the TMA UBO website
- http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/trainin_g.cfm
- Training Webinar: How to Assign and Use PATCATs
 - March 13, 2012 @ 0800
 - March 15, 2012 @ 1400
- http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/trainin_g.cfm



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Other Health Insurance (OHI) Information

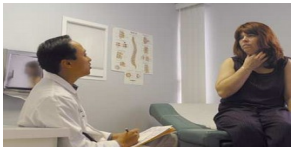


- Use DD Form 2569 to capture OHI information about your patients
 - All Non-Active Duty Patients required to complete it every 12 months or if data changes
 - OHI needs to be entered into CHCS PII screen or it “doesn’t exist” for billing purposes
 - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
 - Reported monthly in Commander’s DQ Report



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Encounter Documentation / Coding



- Medical Record Availability
- Documentation



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CHCS Provider Specialty Codes (PSC)



- Set of codes unique to CHCS
- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
 - (exception of 901 – Physician Assistant)
 - 702 (Clinical Psychologist) versus 954 (Psychology)
- Site visit to large medical center found 20% of PSCs fields were blank
 - Billable ADM encounter never reach TPOCS



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Correcting the CHCS Provider Specialty Codes (PSC)



- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
 - No blank fields
 - Billable providers have PSC under 900 (plus 901 – Physician Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been permanently fixed



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National Provider Identifier (NPI) Type 1

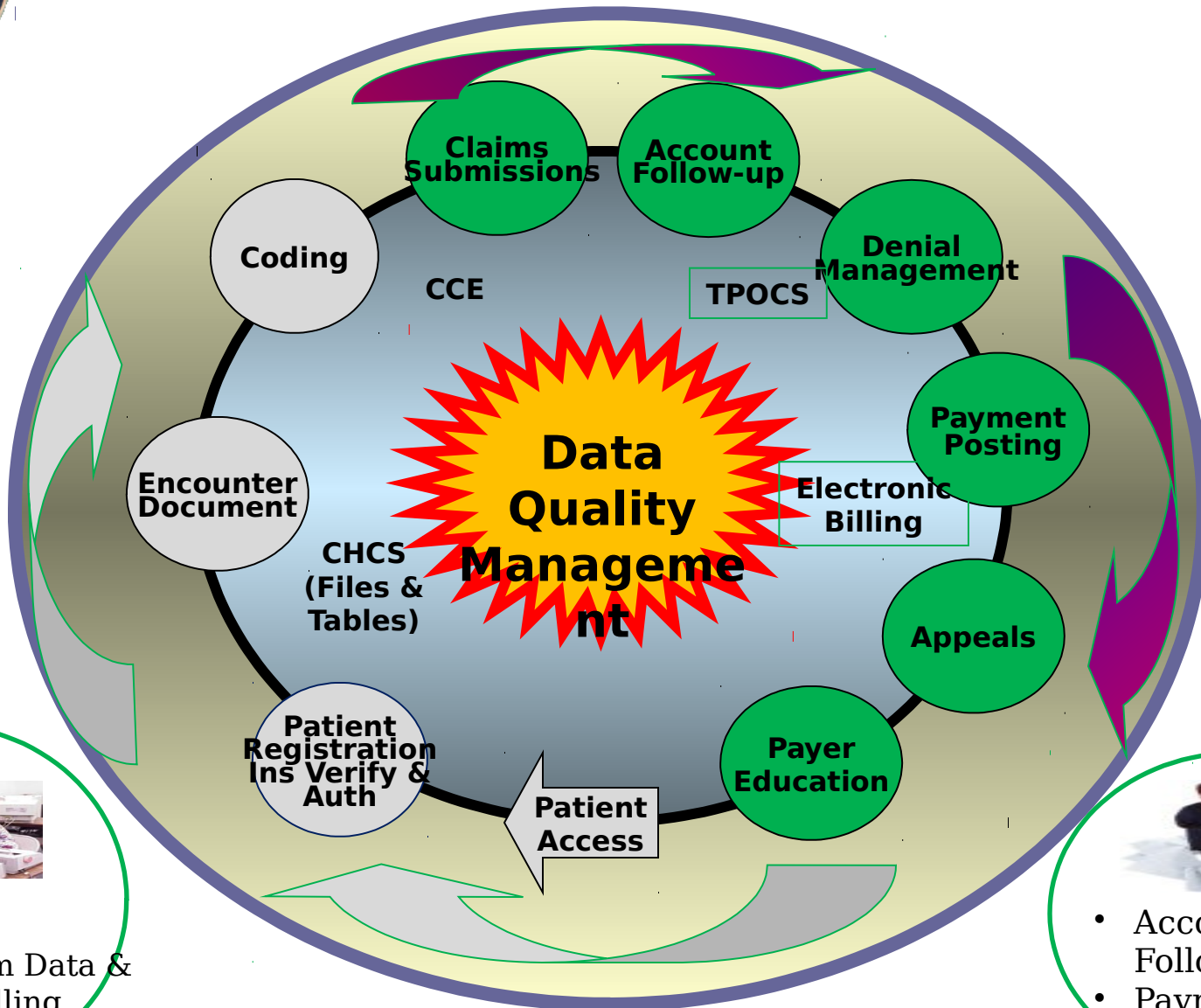


- Every provider who can bill for healthcare services is required to have one
- 23 May 2007 was the deadline for MHS providers to obtain their own unique NPI Type 1
- Are all of your providers NPI Type 1s in CHCS?
 - No NPI = No Payment from Insurance Companies



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Billing/Accounti



- Insurance Verification
- Claim Form Data & Line Item Billing



- Account Follow-Up
- Payment Posting
- Denial



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UBO Success Factors

- What are the Focus Points?
 - MTF Revenue Cycle
 - Team Effort (not the just the UBO's challenge)
 - Staff Education & Training
 - Electronic Interfaces
 - Leadership Involvement
 - Stress the need to complete the OHI forms (DD Form 2569s)
 - Brief them on UBO Performance (e.g., OHI Capture, Billings & Collections for TPCP, MSA & MAC)



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Resources



- UBO Web Page

- <http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm>

- UBO Help Desk Contact Information

- ubo.helpdesk@altarm.org
 - 703-575-5385

- Defense Health Information Management System (DHIMS) Web Site

- <http://dhims.health.mil/>

- Defense Health Services Systems (DHSS) Web Site

- http://www.health.mil/MHSCIO/programs_products/jmis/DHSS.aspx



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Questions?